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WORKSHOP SUMMARY

KNOWLEDGE-BROKERS:

Linking Researchers

and Policy Makers

 **rtna**
health research transfer network of alberta

 **AHFMR**
ALBERTA HERITAGE FOUNDATION
FOR MEDICAL RESEARCH

This summary report records the discussion that took place at the Pre-Conference Workshop, Knowledge-brokers: Linking Researchers and Policy Makers, that was held on June 28, 2003 at Canmore, Alberta, as part of the International Society of Technology Assessment in Health Care (ISTAHC) 19th Annual Meeting.

HTA Initiative # 14

Knowledge-brokers: Linking Researchers and Policy Makers

Prepared by:

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Preface

The Alberta Heritage Foundation for Medical Research (AHFMR) health technology assessment initiative series, commenced in March 2000 with “A Framework for regional health authorities to make optimal use of health technology assessment.” The purpose of this series is to provide policy and decision-makers with the best information available on how to redesign their health care structures and processes to effectively respond to the challenge of decision-making in a dynamic health care environment.

Knowledge-brokering is an emerging function in the health system. Championed as an important role by the Canadian Health Services Research Foundation, the implications of understanding this function and those who undertake it are important for increasing the impact of health technology assessments. Given the varied international experience and perspectives on knowledge-brokering, the Health Technology Assessment Unit and the Applied Health Research Programs Department of the Alberta Heritage Foundation for Medical Research worked together to support the workshop reported here.

The Health Research Transfer Network of Alberta is built on the interest and enthusiasm of individuals and organizations across Alberta who are committed to improving health services and health outcomes through the application of research knowledge. The Foundation is pleased to support this work.

Other papers in this series are listed on the inside cover.

Copies of these and other reports can be found at:

<http://www.ahfmr.ab.ca/frames3.html>

If you have any comments or suggestions to make on this paper,
I would be delighted to receive your feedback.

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The RTNA Steering Committee and the Program Organizing Committee are grateful for the contributions of the presenters and facilitators for this workshop.

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Introduction

Knowledge-brokering was the theme of an ISTAHC (International Society of Technology Assessment in Health Care) pre-conference workshop, held on June 28, 2003, against the backdrop of the Canadian Rocky Mountains. With more than 40 participants representing 10 countries, the workshop offered an excellent opportunity for a productive exchange about knowledge-brokering. This eclectic group of professionals included research fellows, health technology assessment advisors, policy analysts, project officers, and library and information services specialists.

The mountain venue was an ideal location to discuss knowledge-brokering. Between the mountain peaks are enormous gaps – these gaps can be likened to the gaps between policy/decision-makers and researchers, as well as the gap between what we know (the research) and what we do (the policy decisions).

The current challenge in health care decision-making is to reduce the gap between evidence and practice and to promote a culture of ‘evidence-based health-care.’ The strategic communication of research findings to policy and decision-makers (including consumers) is a key component of implementation. The creation of systems that facilitate access to and sound interpretation of evidence is essential to meet the goal of an evidence-based health care system. Knowledge-brokers are a potential solution to bridging these gaps.

The Health Research Transfer Network of Alberta’s (RTNA) interest in suggesting an ISTAHC pre-conference workshop on knowledge-brokering stemmed from the parallel between knowledge-brokering and one of the overall themes of the conference, ‘implementing results.’ The two other conference themes were ‘identifying questions,’ and ‘refining methods.’ The RTNA committee members believe that knowledge-brokering is a promising option to assist in the implementation of research results and is therefore deserving of debate and exchange within a group of keen individuals.

Within the Canadian Health Technology Assessment (HTA) community there is relative consensus that knowledge-brokering is one element within the broader research transfer process. However, it is clear that not all other countries share this perspective. Traditionally, the HTA community has seen its involvement in the research transfer process as being one of translation, specifically the compilation, systematic critique, review and summarization of research findings into a more user friendly format. Given the recent shifts in approaches to policy making in health care and the need for accountability, the HTA community is now also becoming more interested in the application of its products in health care system decision-making. Therefore, a pre-conference workshop was an ideal venue to generate discussion and share perspectives.

Pre-workshop survey

To facilitate and stimulate discussion, and get participants thinking about the concept of knowledge-brokering, a short pre-workshop survey consisting of three questions was e-mailed to all registered participants (see screened box below). Definitions of knowledge-brokering and knowledge transfer (see page 4) was sent to all registered participants electronically on June 11 with a two week deadline for any feedback.

The following three questions were posed to all registered participants

1. Are HTA assessors/researchers also knowledge-brokers?
Yes
No
Not sure
Comments
2. Where do you think the responsibilities of assessors/researchers end in facilitating the uptake of knowledge in policy decision-making?
Comments
3. Are HTA assessors equipped with the skills necessary for brokering activities?
Yes
No
Not sure
Comments

Pre-workshop survey results

The results gave the workshop presenters a snapshot of the registered participants' pre-workshop knowledge and perceptions about knowledge-brokering. Generally, participant responses demonstrated much uncertainty about knowledge-brokering, suggesting little consensus and great diversity in peoples' perceptions of the concept.

The response rate was excellent (83% or 25 out of 30 participants registered as of June 11TH responded).

With respect to the first question, "are HTA assessors also knowledge-brokers?" about half of respondents (n=13) responded positively. These respondents strongly believe that HTA assessors are uniquely positioned to do knowledge-brokering and they have the appropriate skills to engage in these responsibilities. Those participants who expressed some resistance to the idea of HTA assessors as

knowledge-brokers felt that the process of transferring knowledge and research is a distinct activity that requires a specific skill set. They felt that perhaps on a case-by-case basis some HTA assessors may be considered knowledge-brokers, but these individuals have specialized skills that enable them to engage in this role.

In response to the second question, the overall theme from the participants was that the researchers must be responsive to the end users of the new knowledge. They must understand the needs of the users and produce clear, understandable research in a user-friendly format. As one participant stated,

“... it isn’t a beginning–end process. In an ideal world, it is a continuous feedback loop between assessors/researchers, policy/decision-makers, and practitioners. All should feed off and into each other.”

– Comment from pre-workshop survey

Many participants saw it as a continuous process, however, some saw it as ending when recommendations have been made.

The final question revealed much uncertainty with 12 participants “not sure” if HTA assessors are equipped with the skills necessary for brokering activities.. Qualitative analysis of comments from the participants suggests an overall message that HTA assessors have some of the necessary skills for brokering but require advanced training opportunities to expand their skill set to include more sophisticated writing and communication skills.

Key points from the pre-workshop survey results

- Some HTA assessors consider themselves knowledge-brokers; however, they are uncertain if they have the appropriate skill set for the role.
- The knowledge transfer process is conceptualized as involving the translation of research evidence into the language of policy/decision-makers so that it may be readily embraced by them.
- Doing knowledge-brokering depends on several factors such as the size of the agency, access to resources and the expertise of the researchers.

PRE-CONFERENCE WORKSHOP

Knowledge-brokers: linking researchers and policy makers

Chair: Christa Harstall

Workshop purpose

The purpose of the workshop was to introduce the concept of knowledge-brokering and to examine the role of HTA assessors and others in the health system as knowledge-brokers in promoting the implementation of health technology assessments.

The main objectives of this workshop were:

1. to increase our understanding of research transfer; and
2. to explore the skills and strategies needed to successfully integrate research findings into decision-making processes.

The workshop was guided by the following definitions as a starting point for discussion.

DEFINITIONS

Knowledge/research transfer: is the process of moving information and knowledge from one point to another. Research transfer encourages the application of research to health practices, by bridging the gap between research and decision-making.

Knowledge-brokering: occurs when an individual(s) encourages and enhances knowledge/research transfer. It requires skills to enable linkage and exchange to get research-based knowledge put into policy/decision-making.

Sources: www.research-transfer.org/eng/index.cfm and www.ahfmr.ab.ca/programs.html

The three-hour interactive workshop was a combination of individual and panel presentations and small group discussions.

Outline of workshop

1. Introductory perspectives: What is knowledge-brokering?
2. Panel presentation: What are the skills and strategies needed for successful knowledge-brokering?
3. Small group discussions: Are HTA assessors knowledge-brokers?
4. Conclusion: Review and learning

1

INTRODUCTORY PERSPECTIVES

What is knowledge-brokering?

Speakers: Sarah Hayward and Irving Gold

This session presented perspectives on roles in research transfer, particularly at the national level, and explored the skills needed and strategies used to bring research information to decision-making successfully. The concept of knowledge-brokering was introduced and developments at the national level and at the provincial level in Alberta were presented.

Irving Gold set the stage for a productive discussion on knowledge-brokering by sharing some initial perspectives from a national consultation on knowledge-brokering.

Knowledge transfer is about people and relationships. It is the movement of knowledge from one place or group of people to another. Knowledge transfer can involve several complex processes and can occur among many groups of people (e.g., researchers to clinicians; researchers to policy makers, etc.). It is an implicit, often tenuous act and often requires a catalyst to facilitate its happening. Up to this point, most knowledge transfer activity has focused on ‘push’ models with researchers disseminating their research and encouraging its use. Irving argued that this approach is problematic and not an effective use of resources since it demonstrates a lack of appreciation of the needs of decision-makers, and others.

To prevent such problems, a more constructive approach is required, one that focuses on collaborative problem-solving relationships between researchers and decision-makers. This type of relationship involves cultivating linkages between decision-makers and researchers, and results in mutual learning. This is where knowledge-brokering is key.

Knowledge-brokering brings researchers and decision-makers together, facilitating their interaction so that they are able to better understand each other’s goals and professional cultures, to influence each other’s work, to forge new partnerships, and to use research-based evidence. Brokering is ultimately about supporting evidence-based decision-making in the organization, management and delivery of health services.

“... If we are going to really make a difference, we need to change the way we think of the relationship between the processes of conducting research and using research.”

Sarah Hayward discussed knowledge-brokering roles and development in the Alberta Health Care system. She began by showing that the health system has been interested in and committed to developing improved capacity for its people to get better information for decision-making. This commitment can be seen in the establishment in 1996 of the SEARCH Program (Swift Efficient Application of Research in Community Health) to help health organizations support decisions about health care planning and priorities with sound, locally relevant evidence, through the development of their people. Alberta's health care organizations have identified a wide range of people and positions they see as able to improve access to and uptake of research information. Some of these are information roles, such as research officers, QI analysts, policy researchers, and clinical educators; others are management roles, such as program managers, directors of services, directors of planning; still others are front line service roles such as public health nurses, family physicians or health promotion specialists. Sarah highlighted the similarities amongst these groups of people:

1. potential for leadership;
2. responsibility for communicating solid information;
3. need for knowledge access and
4. an embedded position or role in an organizational setting.

Over the past seven years, the SEARCH program at AHFMR has demonstrated that it is possible to support knowledge-brokering capacity in all these various roles through the three content areas in the SEARCH Curriculum:

- **Choosing evidence:** knowing how to identify, interpret and research information.
- **Creating evidence:** knowing how to use research methods to generate locally relevant knowledge.
- **Using evidence:** knowing how to navigate organizational contexts to effect change and influence decisions with research.

"Getting knowledge is only halfway there. The final challenge is to use it, to close the gap between what we know and what we do, so our health care is based on research evidence about what works best."

— AHFMR annual report, 1996

Sarah Hayward would like to acknowledge the contributions to her presentation by Bonnie Baxter.

Key components of the brokering process

Some other key components and skills are needed to support the knowledge-brokering process:

1. **Tools:** Tools are those factors people who are carrying out knowledge-brokering functions say are the critical skills and resources for success.
2. **Knowledge Resources:** The knowledge itself (the 'raw' materials), the tools to use it, and the ability to increase access for others.
3. **The Ability to "Diagnose Organizations":** The skill to see a context with new eyes and foresee decision-making processes while acknowledging competing priorities, understanding power and politics, and diagnosing structures and culture.
4. **Cheerleading:** The ability to combine leadership talents and the facilitation of teamwork to create organizational and personal support.
5. **Relationship Capital:** A state of being embedded in the organization with significant networks and contacts to have the respect of colleagues while being able to create connections among the right people and the right knowledge, internally and externally.
6. **Community of Practice:** A common community of practitioners with an understanding of knowledge-brokering, who can solve problems informally, share skills and strategies and make it more comfortable to work 'in the gap.'
7. **Investment in Connections:** Investment in connections (to facilitate networking) of all kinds (electronic, face to face), and across all sectors (research/practice; professional), and at every level. Collaboration cannot occur without connection.
8. **Networks for Knowledge-brokers:** In Alberta, the RTNA and SEARCH both reflect widespread enthusiasm for the notion of bringing the best of our collective knowledge to the practices, planning and policies of health care.
9. **Impacts:** Knowledge-brokering is a critical part of effective research transfer. Brokering operationalizes elements of research transfer that resonate with three major themes in the health care system:
 - the drive to collaborate;
 - the need for innovation, and
 - the desire for leadership.

“Someone who searches for the better question, accepts inexperience, stays in motion, channels decisions to those with the best knowledge of the matter at hand, crafts good stories and is deeply aware of personal ignorance”

– Karl E. Weick (A definition of an effective knowledge-broker.)

Key points from Introductory Perspectives

- Knowledge transfer is the movement of knowledge from one place or group of people to another.
- Linkage and exchange are important in knowledge transfer.
- Knowledge-brokering activities are often highly fragmented, sporadic, ad-hoc and unrecognized.
- Knowledge-brokers are neither researchers nor decision-makers.

– Irving Gold

- Characteristics of successful knowledge-brokers:
 1. potential for leadership;
 2. responsibility for communicating solid information;
 3. need for knowledge access and
 4. an embedded position or role in an organizational setting.
- Other critical skills and resources for knowledge-brokers to possess are: tools, knowledge resources; ability to ‘diagnose’ organizations; cheerleading; relational capital; community of practice; investment in connections; networks for knowledge-brokers; and impacts.

– Sarah Hayward

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PANEL PRESENTATION

What are the skills and strategies needed for successful knowledge-brokering?

Panel: Donna Angus, Paul Taenzer, Kathy Ness, and Renaldo Battista

Individuals actively engaged in the brokering process explored perspectives on the activity of knowledge-brokering. The individuals represented different sectors in the health system and HTA agencies. To illustrate the knowledge-brokering role, presenters used examples from their own experience to highlight the process of producing, communicating and implementing the evidence. Three themes structured their presentations:

1. **Context:** Describe what kind of decision was to be informed by the research
2. **Roles and strategies:** How did they gather the evidence? How does this link to the knowledge-broker skills outlined in the Irving Gold report?
3. **Relate to the role of the HTA assessor/researcher:** What was needed from the HTA assessors/researchers at point of translation?

Donna Angus highlighted the skills and strategies needed for successful knowledge-brokering from her perspective as a communications specialist. She outlined a study of the introduction of a new class of nonsteroidal anti-inflammatory agents COXIBs and the subsequent research study (AIMS, managed by the Institute of Health Economics). The study explores the number of people with musculoskeletal disorders, how they are currently being managed, and current costs in their diagnosis and treatment. Research transfer and communications are critical components of the study.

Donna identified the skills needed to accomplish the ‘front end work’ essential to knowledge-brokering: building relationships; identifying relevant extant research; synthesizing and evaluating research; creating user friendly versions of research; pointing out the relevance of the research to decision-makers and the implications for policy decisions; and disseminating the results. To be most effective, the knowledge-broker must be engaged from the beginning. Too often, when the project is complete and the results ready to be published, the guidance of a communication specialist or a knowledge-broker is requested. This gives very little room to build relationships, which form the foundation for successful transfer, and little time to plan. The result is a missed opportunity. Good communications and good research transfer require trust, credibility, and visibility. But the organization and the individual broker are responsible for that profile. The users must be involved in defining the research question. For instance, at the Institute for Health Economics, government, health authorities, universities and industry are at the board table and are represented in the committee structure. The knowledge transfer function within the Institute is evolving.

“Good communications and good research transfer require trust, credibility, and visibility.”

To highlight the similarity in roles between communicator and knowledge-broker, Donna compared the two roles. The steps in any communications plan are:

- What – Objectives;
- Who – Audience;
- How – Strategy and Tactics;
- When – Timing;
- What was said – Key Messages; and
- With what impact – Evaluation.

The following are also important points from the perspective of a communication specialist for a knowledge-broker to remember:

1. the most successful form of communication is face-to-face, staged over time and repeated;
2. break information into manageable chunks; and
3. use analogies or stories to illustrate the benefits of the research results.

Dr. Paul Taenzer spoke about a comprehensive chronic non-malignant pain program in Calgary, Alberta. The program has been implemented and obtained funding through the innovative use of knowledge-brokering strategies. The success of this program was facilitated through a continuous effort to develop and maintain an extensive network of local and national clinical opinion leaders, researchers, decision-makers, funders, and politicians. Within the network, the knowledge-broker disseminated information about the prevalence and impact of chronic pain and about new developments in chronic pain treatment. The unique relationship between the decision-makers and funders allowed the knowledge-broker to value their respective information needs and encourage researchers to focus on knowledge generation that was relevant to stakeholders.

The Health Technology Assessment (HTA) Unit at the Alberta Heritage Foundation for Medical Research played an important role in the evolution of this program. For instance, the Unit reports were developed with the assistance of an Information Sharing Committee consisting of the knowledge-broker, a clinical opinion leader, policy experts and the HTA researchers. The HTA reports targeted critical issues relevant to decision-makers. The impact of the HTA reports was augmented by decision-maker awareness of the scientific caliber of the HTA process and the capacity of the researchers to translate the scientific evidence into the policy context.

Building relationships and sharing information and evidence in ways that will lead

to effective decisions in the health system require knowledge and understanding of organizations and the processes and steps for effective change.

Kathleen Ness discussed how using a Health Technology Assessment process in the Capital Health Authority in Edmonton has enabled the organization to examine the critical success factors for moving evidence into practice. The process requires three key components:

1. an infrastructure and framework;
2. a means of navigating through the organizational system; and
3. capacity building.

Roles and responsibilities that are clearly defined and stakeholder input that is gathered throughout the process facilitates change.

“Navigating the system and knowing the various entries for approval and decision points facilitates moving new innovative ideas and research forward.”

Success is dependent on effective communication with internal and external stakeholders, and knowledge-brokers effectively working with a team of people throughout the organization. Navigating through the system requires the knowledge-broker to recognize that change may require advanced training for physicians and staff. It may affect other systems or sectors such as information systems, diagnostic imaging or home care, or it may affect other physician groups or health professionals. Facilitating discussions and negotiating changes in all areas are keys to success. With strong organizational leadership, infrastructures and processes in place, as well as a will to integrate research into decisions, the capacity for organizations to integrate new technologies and innovations increases. Critical skills for successful knowledge-brokers are those of facilitator, change agent, negotiator, detective, communicator, researcher and marketer. These skills position the knowledge-broker to act as a catalyst to create the structures and frameworks. As well, these skills enable the broker to navigate through the complexities and dynamism of the health care system and to build capacity to promote knowledge exchange, the development of new research and implementation of decisions and continuous change.

From his policy perspective, **Dr. Renaldo Battista** discussed how knowledge-brokering has evolved over time. The importance of using research to inform health care decision-making may be traced back to the establishment of The Canadian Task Force on the Periodic Health Examination by the Conference of Deputy Ministers in 1976. Its mandate was “to determine how the periodic health examination might enhance

or protect the health of Canadians” (Canadian Task Force on the Periodic Health Examination, 1994, page ix). The first published report from the Task Force reviewed the scientific research evidence for the preventability of 78 conditions and made recommendations based on the strength of the evidence. The implementation of preventive activities in clinical practice, however, proved to be a challenge. In 1989 Health Canada established a National Coalition of Health Professional Organizations to develop a strategy to enhance the preventive practice of health professionals. The outcome of two national workshops revealed that it is

“the interplay among multiple reinforcing approaches and the collaborations of numerous partners in both the public and private sectors that ultimately lead to a change in individuals’ behaviour.”

— Canadian Task Force on the Periodic Health Examination, 1994, page xxi

The second part of Dr. Battista’s presentation discussed the complex relationship of the Quebec Health Technology Assessment Council and the regulatory process that operates at the:

- micro (standards of medical practice),
- meso (institutional rules), or
- macro (health policies) levels for medical devices and procedures.

He presented a conceptual framework, which outlines the steps involved in translating technical and scientific information into decision-making. It is necessary to establish productive links with researchers and the consumers of research information. This is overlaid with the challenge for researchers to maintain a certain degree of distance or independence from the regulatory decision-making process.

Key points from the Panel Presentation

- Knowledge transfer requires trust, credibility and visibility.
- Engaging knowledge-brokers from the beginning of the research process is most effective.
- Understanding organizations and the steps and processes of organizational change is essential for successful knowledge transfer within organizational structures.
- An increase in organizational capacity for innovation (e.g., use of research and new technologies) occurs with strong organizational leadership, infrastructures and processes.
- Skill set for knowledge-brokers includes facilitation, change management, negotiation, curiosity and innovation, communication, research, marketing.

3

SMALL GROUP DISCUSSIONS

Are HTA assessors knowledge-brokers?

Facilitators – Cheryl Arratoon, Brenda Waye Perry, Donna Angus, Kathy Ness, Sarah Hayward, Christa Harstall

The workshop included an interactive component, which provided an opportunity for shared learning. Six facilitated groups with five to seven people in each group discussed the following questions:

1. Is knowledge-brokering different from research transfer?
2. At which points in the stages of research and policy/decision-making processes should knowledge-brokering occur and how?
3. Who should be developing knowledge-brokering skills? HTA assessors? Others? What would these skills be?
4. Where do the responsibilities of assessors/researchers end and those of policy/decision-makers begin during the process of research uptake?

The key points from each group were summarized, posted on flip charts, and discussed with the other participants in a large group setting. The collated responses were summarized and provided to all participants at the end of the workshop. Before the small group discussions, the results of the pre-conference survey were summarized to the workshop participants.

Discussion analysis**1. Is knowledge-brokering different from research transfer?**

Responses to this question focused primarily on descriptions of knowledge-brokering or the knowledge-broker. There was less discussion on the attributes of research transfer.

Knowledge-brokering was seen as bridging or building relationships through personal interactions with multiple stakeholders in the research–policy process. Knowledge-brokering has an active dynamic quality, which serves to catalyze/encourage the movement and use of information and to establish mutual, multidirectional understanding.

A knowledge-broker knows people, including who should be at the table, and is a champion for an evidence-base for health system decisions. A knowledge-broker is knowledgeable about decision/policy making processes as well as the context of issues. Context knowledge is important due to the complexity and instability in

health systems. Put together, the extraordinary knowledge-broker was seen to be:

- A translator or go-between for different languages and cultures.
- A wizard – wise in the ways of policy and research (all-seeing, all-knowing).
- An arbitrator – negotiating, facilitating, but also deciding and requiring things of others (a sense of authority).
- A charismatic lobbyist or marketer – a skilled communicator, dynamic, flexible and creative, with a message to get across.

The concepts of research transfer and knowledge-brokering were seen to be highly related. However, there were different opinions on the direction of the relationship; some seeing research transfer to be part of brokering, and others seeing the opposite.

2. At which points in the stages of research and policy/decision-making processes should knowledge-brokering occur and how?

Participants considered that knowledge-brokering was important at various stages of projects.

Knowledge-brokering was seen to be important at the beginning of projects. Some even indicated that a commitment to knowledge-brokering is needed prior to the start of specific projects, for functions such as environmental scanning, research prioritization and participant identification. There was also good consensus on the need for knowledge-brokering toward the completion of projects, and many commented on the importance of a translator role as projects progressed when researchers and policy makers are interacting on project teams.

However, several added a cautionary point about the need for a protected realm where the actual scientific work occurs, a space where policy and other interests are not permitted.

Participants' comments included a contingency theme. The question of when knowledge-brokering should occur in the life cycle of a project was dependent on the kind of research, on practical considerations ('get in when you can and as soon as possible'), and on larger cultural considerations (some nations would place a higher priority on the protected scientific activity than on research-policy interaction).

There was also a sceptic theme in comments: are we simply changing terms to describe older concepts? what is the evidence base for knowledge-brokering? how do we build in measures of the impact and effectiveness of knowledge-brokering?

3. Who should be developing knowledge-brokering skills? HTA assessors? Others? What would these skills be?

Responses varied. Some saw knowledge-brokering as part of everyone's role, not a separate person or function. Others saw an entirely new entity in the research process. HTA assessors were noted to be important brokers for interpretation of research results. With additional time and skill development, the knowledge-brokering role of assessors could expand.

Important skills, knowledge and attributes include: interpersonal and negotiation skills; communication skills including listening; networking skills; project management skills including the ability to manage through uncertainty; big picture knowledge of different worlds (research, clinical, management and policy); and high intelligence and credibility, with an engaging personality.

Enabling factors include: an organizational commitment to knowledge-brokering in a very real way (i.e., resources), as well as a well understood lexicon for researchers and decision-makers.

4. Where do the responsibilities of assessors/researchers end and those of policy/decision-makers begin during the process of research uptake?

There were distinct themes in participants' comments. Some saw that the responsibilities were continuous, representing a partnership from research priority setting to acting on research findings. Others felt strongly that at some point (after result interpretation or after presentation of policy options), researchers should step out of the process and let policy/decision-making occur. Those people saw that the assessor's role is not to lobby, advocate or champion the results of research. Researchers should not make the decisions, nor should they judge the decision. As importantly, policy makers must not influence the science, but must respect the protected realm of science.

Key points from the Small Group Discussions

1. *Is knowledge-brokering different than research transfer?*

- Knowledge-brokering and research transfer are related concepts, but differences exist.
- Knowledge-brokering is seen as more active, dynamic and personal than the knowledge or research transfer process. Knowledge-brokering is about relationship development with multiple stakeholders in the research - policy process.
- The composite view of the Knowledge-broker is a translator, wizard, arbitrator and charismatic marketer. Conceptually, knowledge-brokering and research transfer are similar but differences exist.

2. *At which points in the stages of research and policy/decision-making processes should knowledge-brokering occur and how?*

- Knowledge-brokering should be occurring at the inception of projects, and many see, through all phases.
- Others see the need for a protected time and place for the objective science to occur.

3. *Who should be developing knowledge- brokering skills? HTA assessors? Others? What would these skills be?*

- Interpersonal and negotiation skills; communication skills including listening; networking skills; project management skills including the ability to manage through uncertainty; big picture knowledge of different worlds (research, clinical, management and policy); and high intelligence and credibility.
- With additional time and skill development, assessors could expand their Knowledge-brokering functions.

4. *Where do the responsibilities of assessors/researchers end and those of policy/decision-makers begin during the process of research uptake?*

- Some see that responsibilities of researchers and policy/decision makers are continuous, requiring a partnership from priority setting to acting on study findings.
- Others see that the researcher's role is to produce the best quality and most relevant findings and then step aside as decisions are made.
- Uncertainty if there is a need for dedicated brokers; the process of knowledge-brokering is the important piece, and perhaps researchers could do this.
- Uncertainty if knowledge-brokers are effective – the impact needs to be measured.

4

CONCLUSION

Review and Learning

Speaker – Kerrie Pain

Knowledge-brokering is all about people and facilitating productive relationships. Knowledge-brokering involves the creation of relationships to facilitate the movement of ideas. This process requires people who can link the world of academia with the world of decision-makers, policy setters and clinicians. Knowledge-brokering offers a path to improvement within health care. It offers the possibility of putting existing research and resources to work with a vision of having a health system that is firmly based on the available knowledge.

“Knowledge-brokering is all about people and facilitating productive relationships.”

Are health technology assessors (HTA) also knowledge-brokers? To what extent are HTA assessors also responsible for brokering the information into practice? These were the key questions addressed during this workshop.

Participants and presenters discussed the variety of steps needed to move information into practice and the different skills required at different stages. There was considerable discussion about the need for credibility and interpersonal connections for effective transfer. While participants generally agreed on the importance of research utilization, no consensus emerged about whether they were ‘brokers’ or whether they were one element of a more complex process of ‘brokering.’ One important element was the need for the HTA assessors to maintain their scientific credibility, and not to lose that independence by being too involved within the specific practice contexts.

This workshop was held in the midst of the Canadian Rocky Mountains, and the process of brokering has many parallels to the process of climbing mountains. Sometimes the goal is the top of a short hill with a good path. In that case, individuals may be able to achieve the goal on their own and in a relatively short period of time. Sometimes the goal is the top of the mountain. In this case, ascent requires a team with multiple skills. Trust, credibility and teamwork are essential if one is to reach the peak. Sometimes, in fact, each group may take the information up one ‘rope-length,’ before passing the task on to other groups to take it further. Regardless of whether the path is short or long, effective climbing requires a comprehensive knowledge of the environment, the risks and the opportunities. Like mountain climbing, knowledge-brokering is a complex process, and it too requires knowledge of the environment, the various individuals involved and effective methods for transferring information.

APPENDIX

Evaluation of the workshop

Evaluations were received for 10 of the 40 workshop participants and they rated the workshop good to excellent. The workshop went longer than expected – evidence of the enthusiasm generated by the presentations and discussions. The size of the workshop was limited, however, several people squeezed in at the last moment. Verbally, participants expressed the desire to have an entire conference dedicated to knowledge-brokering. It was evident that there is a need for more information and training opportunities in knowledge-brokering.

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